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Original Department.

Communications.

GLYCERINE

In the Treatment of Diseases of the Eye.

Translated and arranged for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Massillon, Ohio.

M. Debout (*Bull de thérap*, 1862, *p.* 19,—*annales d' oculistique*, *Février*, 1863,) highly extols the glycerate of starch as an excipient for ophthalmic pomades. To prepare it, heat the starch mixed with the glycerine, so as to make it boil the least time possible, so as not to hydrate the peripheric parts in contact with the vase.

M. Debout has adopted this formula after the experiments of MM. Mialhe and Grassi:

Take Glycerine,	15 gr.
Starch,	1 gr.

Heat in a capsule over the flame of gas or a spirit lamp, and stir with a spatula until complete hydration of the starch has taken place.

The following is a resumé of the advantages of the new preparation considered as a simple medicament, and as excipient of the pomades:

1. The glycerole of starch is one of the most elegant excipients of pharmacy. The glycerine is obtained from vegetable oils, the preparation of the new pomades does not present the odor of grease, and far from causing erythema, it cures it when it exists.

2. Whatever chemical agent is employed, these pomades *are not altered*, and can constitute officinal preparations.

3. The agents used as medicaments are not only in a mixed state, but rather in dissolution in the excipient. The new pomades are much more active, and determine the dynamic effects of the substances which serve them as base.

4. Their consistence does not vary on application, and they remain circumscribed to the regions on which they are placed.

5. The solubility of the excipient renders the removal of the pomade easy.

6. The special qualities of the glycerole of starch are such as to constitute it the best excipient of the pomades to employ in diseases of the eye and the skin.

In the same Number of *Annales d'oculistique* the special chapter on the use of Glycerine in the treatment of ocular maladies is transferred from M. Demarquay's volume "*De la glycérine et ses applications à la chirurgie et à la médicine.*"

Glycerine, associated with one or several medicaments for which it serves as vehicle, constitutes the *glyceroles*. Solidified by its association with another substance, as starch, for example, it becomes a *glycerat*, an unctuous substance, a proper excipient for medicinal substances with which it forms ointments, pomades, etc.

M. Demarquay says:—"The application of glycerine in diseases of the eye, constitutes a real progress in the therapeutics of these affections. It has been a long time retarded by the impurities of the glycerine of commerce, which has caused a hesitancy, in consequence of its irritant properties, to apply it to an organ as delicate as the eye.

"Hence, in the first edition of this work, we had only to register the treatment by M. Taylor of xerophthalmy, and its employment by Mr. Bowman in cauterization of the cornea. We also simply announced, for want of positive information, the success that Mr. Dallas had obtained from it in several cases of ophthalmy.

There the application of glycerine in eye diseases ended. Since then, pharmaceutists have supplied a more perfect product, and the means of giving glycerine the consistence of pomade having been found, the field of its application is considerably enlarged. Notwithstanding, that since the commencement of our researches, we have directed our attention to this matter, we will under the circumstances invoke the experience of others as more conclusive and more affirmative than our own.

MM. Foucher and Debout are the principal authors of these new attempts. M. Foucher has especially paid attention to glycerine in liquid collyria, whilst M. Debaut has substituted the use of the *glycerats* for the ordinary ophthalmic pomades,—a happy substitution, when we think of all the inconveniences of the excipients of those pomades. For this purpose lard and butter were used, which soon became rancid, and which soon would undergo this transformation in contact with the lids, irritate the parts, and produce often an effect opposite to that designed. And in what state did they hold the base? Was it in a form to facilitate its action when designed to act locally, or its absorption, when that was desired?

On the contrary, glycerine, if I may thus express myself, commences by cleaning (décaper) its surface

of application, so as to present it pure to the medicinal agent.

It is employed, either pure or as excipient, be it in the form of collyria or of pomades.

It is one of the best topical applications in the treatment of xerophthalmy. It arouses into action the secretions of the enfeebled glands of the eye, and by the persistent humidity which it keeps up on the surface of the cornea, it prevents the drying of this membrane, and restores its transparency. Its action then is at the same time curative and palliative, but unfortunately, mainly the latter.

In purulent ophthalmy, we have *à priori*, proposed simple glycerine. M. Foucher has applied it, and found it quite beneficial; it aids other means, as scarification of the lids, and cauterization with nitrate of silver. He uses glycerine with one-third or three-fourths water. These injections remove the pus, and consequently prevents its long contact with the diseased surfaces, relieves the distention of those surfaces, and lessens the inflammation.

M. Foucher recommends it as a very useful adjuvant in all cases of ophthalmy, especially in palpebral ophthalmy, and in particular ciliary blepharitis. He makes use of frictions several times a day on the border of the lids with the finger dipped in glycerine, being careful to act from within outward, so as to put the eyelashes in their normal direction, which have, in the last named disease, a strong tendency to turn inward. These frictions keep the surface of the lids quite clean; they soften, detach and remove the muco-purulent secretions which concrete at the base of the eye-lashes, often cause them to come out, favor the formation of ulcerations, and shields the parts from the action of medicaments.

We have seen Bowman employ glycerine after cauterizing the ocular globe, or the internal surface of the lids. This practice is followed by many surgeons.

In introducing a substance as mild and unctuous as glycerine between the lids and the globe of the eye, the irritation and pain caused by the reciprocal rubbing of the lids and globe of rugosites, and scars is prevented.

Finally M. Foucher says that he has cured simple mucous conjunctivitis with pure glycerine alone.

As soon as the ophthalmy presents itself with some intensity, he associates with the glycerine another medicamentous agent in the form of a collyrium.

He recommends the following collyria.

Pure glycerine,	30 grammes.
Borax,	2 to 4 gr.
Pure glycerine,	30 gr.
Sulphate of zinc,	1 to 3 gr.
Pure glycerine,	30 gr.
Sulphate of copper,	1 to 4 gr.
Pure glycerine,	30 gr.
Tincture of iodine,	4 to 8 gr.
Pure glycerine,	30 gr.
Per chloride of iron,	1 to 4 gr.
Pure glycerine,	30 gr.
Tannin,	2 to 4 gr.
Pure glycerine,	30 grammes.
Calomel,	3 to 4 gr.
Pure glycerine,	30 gr.
Sydenham's laudanum,	2 to 4 gr.

These collyria are employed several times during twenty-four hours as ordinary collyria. From their viscidity, they spread upon the diseased surfaces and remain in contact with them a longer time than the latter.

The calomel not being soluble in the glycerine, we think it better to give the association of these two substances the form of *glycerat*.

M. Foucher recommends in ocular, or palpebral conjunctivitis, the collyria of sulphate of zinc, or of borate of soda, as less painful than those of nitrate of silver.

He treats superficial diffused keratitis with the glycerine with sulphate of zinc.

The symptom of photophobia which so frequently accompanies vesiculous or scrofulous ophthalmy is advantageously combatted by the glycerole of laudanum.

As regards the collyrium with sulphate of copper, it is well known that this salt is relatively tardy in its manifestations, but its effects endure a long time; hence, it is reserved exclusively for chronic affections. M. Foucher has established in these affections the efficacy of the glycerole of copper, as well as the glycerole of tannin. The glycerole of perchloride of iron seemed to him less advantageous. He has used these medicaments for the following diseases: opacites in the cornea; vascular or panniform keratitis after excision of the vessels; and for palpebral granulations. The glycerole of tannin, being less energetic than the glycerole of the sulphate of copper, is reserved for cases less intense.

It is astonishing that the nitrate of silver is not found in the above list of formulas; it is because, according to M. Foucher, this salt is incompatible with glycerine, being precipitated in a chlorate.

This fact is true with the larger proportion of the glycerine of commerce, but pure glycerine does not produce it, and presents, on the contrary, a more stable solution than distilled water. The following formula may be used:

℞.	Pure glycerine,	30 grammes.
	Nitrate of silver,	0.05 to 2 grs.

Also, with the glycerine that we have in the hospitals, a *glycerat* of starch may easily be mixed with the nitrate of silver. I daily use this *glycerat* in numerous cases, and especially for cleansing certain specific sores.

The preparations that we have just presented, are not absolute, and the practitioner can vary them as he may judge proper. Thus, Doctor Dannecy recommends the following collyrium:

℞.	Borax,	1 grammes.
	Cherry Laurel water,	5 grs.
	Glycerine,	10 grs.
	Distilled water.	84 grs.

We have said that the glycerine collyria remain a longer time in contact with the surface to which

they are applied, than the aqueous collyria; but in chronic affections this is not yet sufficient, and we must modify the consistence of the preparations, and resort to the *glycerats*.

The *glycerat* of starch is the base of the medicamentous *glycerats* that are applied to the organs of vision.

M. DEBOUT proposes the following formulas:

1. ℞. *Glycerat* of starch, 15 grammes.
Sulphate of copper, 0.01 to 0.25 grs.

For chronic affections:

2. ℞. *Glycerat* of starch, 15 grammes.
Bioxyde of mercury 0.15 to 0.50 grs.

This *glycerat* is to be substituted for the numerous ophthalmic pomades, among which is the red precipitate, and such as the pomades of Regent, of Desault, of Lyon, etc.

For all the other pomades, the corresponding *glycerats* are substituted. We have cited some examples with which it will be very easy for the practitioner to form the *glycerat* of white precipitate, of acetate of lead, etc.

We will yet present the following.

4. ℞. *Glycerat* of starch, 15 grammes.
Iodide of potassium, 0.10 to 1 gr.

M. GOSSELIN has demonstrated that the Iodide of pottassium penetrates the chambers of the eye, through the cornea, and has explained how this salt can facilitate the absorption of certain intra-ocular plastic exudations, combat the formation of cataracts, specks of the cornea, etc.,

In order to obtain these results more readily, M. DEBOUT has furnished the pre-eminently soluble preparation of the *glycerat* of iodide of potassium.

We will close what we have to say as to the application of glycerine to diseases of the eye, by recommending that the ordinary dose of the medicaments to be associated with this substance in ophthalmic preparations be reduced one-third, or one-fourth in strength.

Hospital Reports.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
May 2nd, 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sherk*, M. D.

Procidentia Uteri.

GENTLEMEN:—Procidentia of the uterus is that displacement which is recognized by a protrusion of the organ external to the vulva.

The *causes* of procidentia of the womb are unnatural weight of the organ with relaxation of its ligamentous and vaginal supports, and all such affections as tend to develop these conditions may be considered predisposing to the disease in question.

The *symptoms*, with the exception of that described by patients as "body protruding from person" are much the same as those caused by other displacements of the organ. Such as pain in the back and groins, indigestion, constipation, irritation of the bladder, &c.

The *diagnosis* will be clear to every intelligent physician when he comes to make an examination by the touch and obtains a view of the parts. The protrusion of the uterus externally may be of greater or less extent, and thus will be constituted varieties in the *degree* of procidentia. Other complications, such as excoriations, ulcerations benign or specific, &c., &c., may accompany the affection, but these are not essential characteristics of the disease.

CASE 1.—M. M., æt. 44, married, mother of two children. Has not menstruated for two years or more. Constipation. Suffers from pain of no kind, except frequent headache. Complains greatly of the inconvenience caused by the protrusion, externally, of a tumor between her thighs. Examination shows the uterus protruding through the vulva to the extent of an inch, and with it the posterior portion of the vagina, which gives to the whole mass a very peculiar appearance; the longitudinal fissure between the uterus and vaginal parieties resembling greatly the mouth of the womb. By grasping the protruding mass between the thumb, fore and middle fingers and by exerting an equable and steady pressure in the direction of the axes of the inferior strait and excavation of the pelvis, the womb is restored to its normal position, and so retained by a ring pessary of three and one-eighth inches external diameter. The posterior tumor, formed by the prolapsed vagina, disappears entirely upon the reduction of the uterine displacement.

She will take for the constipation

℞. Pot. bitart.
Mag. sulph. aa. ℥j M.

Two teaspoonfuls every morning.

To improve her general health, Tinct. cinch. comp. ℥j., three times daily.

This patient returned a week later to report herself entirely relieved. The uterus was in position. The vagina being very greatly relaxed, an injection of white oak bark, one ounce to the quart of boiling water, was ordered.

CASE 2.—C. B., widow, Irish, æt. 45, mother of eight children, youngest seven years. Presented herself at the clinic for the first time on the 18th of March last. Complains of dragging pain in back, extending over the hips. Soreness in stomach—bowels regular—appetite good—general condition rather anemic—menstruated regularly up to nine months ago, since which time she has suffered from a continual sanguinous discharge. Examination by the touch revealed a prolapsed condition of the uterus with relaxed vagina. Examination with the speculum—very great hypertrophy with extensive superficial ulceration of the neck of the uterus externally. Says a body as large as a teacup appears externally whenever she walks any distance, and that she pushed it back just before entering the room. She was ordered the following:

℞, Acid. sulph., dil., ℥ij.
Syr. aurant. ℥iv. M.

Sig. Dessertspoonful three times daily, with one grain of sulphate of cinchona morning, noon and night.

She was told to return in a week and if the tumor appeared to permit it to remain so. A week later she returned. Examination revealed a tumor protruding from vulva about the size the patient before represented it to be. She is obliged to attend to the duties of her house, which makes it necessary that she should walk considerably, and as she cannot long remain in the upright position without the appearance externally of the uterus, the constant rubbing of the thighs against the womb has abraded the entire protruding part. The sound introduced into the uterus gives evidence of retroversion in its descent. The procedentia was reduced as in the other case, and the uterus retained in its proper position by a ring

pessary three and three-quarter inches external diameter. She has since returned to say that the bloody discharge has ceased, and to express herself delighted with the change in her condition.

Case 3. M. K., æt. 43, Irish, widow. Complains of pain in back. Bowels regular. Appetite good. General debility. Examination shows almost the whole of the uterus external to the vulva. The excoriation in this case is not so extensive as in the last, but much deeper. Great hypertrophy of the cervix and body of the uterus. Reduced as in the other cases and kept in position by a ring pessary three inches external diameter. Has now worn the ring for upwards of three months with complete relief.

Editorial Department.

Periscope.

FOREIGN.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By Dr. Th. Demmé,

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Translated for the Medical and Surgical Reporter

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

[Continued from page 137.]

Case Fourteenth.

J. H., æt. 17 years old, field laborer, was received at the Clinical Department on the 14th of November, 1861. From his history, we learned that he had a few years previously suffered from an inflammation of the knee-joint, which had resulted in partial anchylosis. Six weeks before he entered, he was attacked with diffuse osteo-myelitis in his left femur. It was at noon when he first experienced pain. In the evening of the same day, intense febrile action set in, and he could not move. For eight days these symptoms remained without material change. Then a swelling appeared in the neighborhood of the epiphysis which quickly spread over the whole thigh. At about the third week the knee-joint also became swollen, and then for the first time the pain began to moderate. In spite of the use of large blisters, the trouble increased until about the fifth week, when it moderated to a certain extent. When at the end of this he entered, he was extremely anæmic and feeble. An immense swelling encircled the whole of the lower two-thirds of the femur. The joint had a doughy feel. The œdema was spread over the whole extremity; skin of a dirty anæmic brightness. But in this case, even when the pain was on the increase, the patient could lift his limb. This could only be accounted for by the former condition of the joint. The febrile symptoms were considerable. The absence of the evening exacerbation, combined with a tolerable quiet sleep, return of apetite and regularity of the bowels seemed to promise that the disease would take a more chronic form. Seven days after his entrance, the swelling was opened by a incision between the mm. rectus femoris and vastus externus of about six inches in length down to the bone. After it had discharged several drachms of sanguineous ichor, the edges of the wound were cauterized, partly to stop the hæmorrhage, partly to excite a new plastic action. Otherwise, the same treatment as before. A month later the suppuration diminished, the affection of the joint began to abate, the epiphysis femoris was bent inward and thickened by extensive periosteal growths. Still the pus continued to flow copiously. At the end of January, 1862, the abscess was almost closed, and the wound from the incision nearly cicatrized. The bone was still further thickened by growths, partly fibrous, partly bony. The anchylosis of the knee-joint is perfect. There is, however, little movement possible (lateral) which is owing to the epiphysis of the tibia being almost completely separated, which must have occurred during the later period of the disease. On the 12th of February, the wound was entirely healed, and when the plaster-bandage was applied the patient could move his limb without trouble.

Case Fifteenth.

F. J. E., æt. 18 years, had suffered in his ninth year from diffuse osteo-myelitis of the left thigh-bone, which had resulted in a perfect separation of the epiphysis of the tibia. During the latter nine years, several speculæ of bone had, from time to time, been discharged, which had left several disfiguring and hyperplastic scars behind. The whole of the femur was, on account of the unsheathing capsule and the periosteal growths, irregularly thickened. The knee-joint, which had been attacked at the same time, continued to be in a chronically inflamed condition, without, however, causing obliteration of the articular surfaces. In November, 1861, he was received at the clinic on account of a recurring inflammation of the knee-joint, which had this time led to extensive empyæmia of the joint. A large lateral incision sufficed to remove the pus. It healed very quickly without anchylosis, a result somewhat unexpected, and perhaps to be accounted for by the catarrhal character of the affection. As the diastasis interfered with the use of the extremity, the limb was entirely surrounded by the plaster of Paris bandage. With this, at the fifth week, he made the first satisfactory attempt to walk. For want of accommodation the patient had to be discharged with the bandage still on, with the understanding that he would go next year to the Schinznach baths.

Case Sixteenth.

F. E., æt. 17 years, was received on the 11th of July, 1861. Six weeks before, diffuse osteo-myelitis of the left femur had begun. Accompanied by severe pain and intense typhoid-febrile action, a hot, doughy tumefaction was formed, which spread over the whole thigh. The knee-joint became filled with the products of inflammation, the patella was raised, the patient could not bear the slightest movement, and he was sinking daily. When he entered the Hospital, the fever was still intense, his cheeks were sunken, the integuments presented a dirty yellow color, the tongue soft, pale and thickly coated, and lips parched and cracked. Patient thirsty, had no appetite, respiration accelerated, a frequent small and hard pulse, epigastrium distended and tender, constipation of bowels, urine scarce. The swelling, although it spread over the whole thigh, was particularly concentrated around the epiphysis. Knee-joint fluctuating, ligaments relaxed. The treatment consisted until the 22d of August, in placing the limb in a firm, immovable position, and painting it with strong Tincture of Iodine, when the disease having taken a prone chronic character, the swelling was opened with the zinc-paste at the lower border of the vastus-externus. The periosteum was also divided. This

did not, however, relieve the pain. Copious ichorous suppuration added still more to the low condition of the patient. On account of the pus burrowing in and backward, several counter openings had to be made. On inserting the finger through the chief incision, a cavity was reached which occupied the lower half of the femur, and which was partly filled by fragments of disintegrated tissue. The periosteum was loosened almost to its entire extent. The bone was smooth and resonant. A second injection of the iodide of potass, with an excess of iodine brought on a very severe reaction accompained with chills. In the seventh week, the first symptoms of diastasis and dislocation of the tibia backward, appeared. The integument was here very much infiltrated and threatened to slough. The ligaments had become looser. The lower part of the femur also presented an abnormal flexibility. On account of the necessity of frequent dressing and the other principal indications, the immovable position could not always be retained. At last, through the repeated use of iodine in the cavity, and the dressing with the pyroligneous acid, the discharge was lessened, and it looked a little more favorable. The patient received internally, iron and cod-liver oil. During November, an apparent change set in. The cavity quickly filled with granulations. The softened tissues became firmer, particularly the ligaments. The femur, especially the lower third, became considerably thickened, hard and painless. In spite of these favorable changes, the presence of sequestral fragments was still suspected. In the course of November, it was shown that this supposition was correct. During a new febrile action, the parts again began to soften. A fistulous opening was thus effected which led the sound or the finger into the interior of a sequestral chamber. Pieces of sponge were pressed into the nearest incision, in order to prepare for the extraction of the sequestral fragments But this gave rise to such serious symptoms, the like of which I had never seen in any case before, and which I did not know how to interpret. Fever, with repeated chills, restlessness, delirium, vomiting and severe pains determined us to remove the sponge, when his condition immediately began to ameliorate. In the beginning of December, several sequestra were removed, which were porous and sinuous, and measured from ½ to 3 ctm., in diameter. The chamber was found to be smooth. But during the following week an œdematous condition having again set in with purulent infiltration, similar necrosed fragments came away. The separation of the superior epiphysis of the tibia was now complete, but the surrounding soft parts had become much firmer, so that there was no fear of perforation. The sequestral cavity was repeatedly treated with Tincture of Iodine, and it soon filled with granulations, The general thickness of the bone increased, and a speedy cure was promised, when in the beginning of February, 1862, the œdema returned on the under surface of the femur. This was followed by the separation of the livid cicatrices, and gave rise to a new inflammatory action in the deep parts. The sound touched necrosed bone. The danger that this new inflammation would lead to the solution of the new formed material, decided us to make an early incision in order to extract the sequestra. They consisted of eroded, cordical plates which altogether measured about 6 ctm. The finger detected smooth surfaces and thick fibrous periosteal growths. The sponges were again used and the reaction which followed was, compared to that on the former occasion, very slight. Already on the eleventh day the greater part of the incision was filled with a granulating material. The recovery now proceeded rapidly. What was remarkable is, that a certain degree of articular mobility was retained.

Case Seventeenth.

This case was very interesting on account of the long duration of the disease and the exact insight obtained into the different stages of the disease. L. V., æt., 25 years, was received on the 3rd of March, 1846. He was affected with diffuse osteo-myelitis of the right femur, which had commenced about five weeks before with the usual symptoms. More than half the bone was implicated as well as the knee-joint. A diffuse sub-periosteal abscess which extended to the popliteal space and extensive collections of pus were freely opened. This succeeded in arresting the affection of the joint; but looseness of both femoral and tibial epiphysis occurred. At the end of ninety days the patient was with a diffuse thickening of the thigh, sent to Schinznach. The wounds still suppurated, and the flexibility in the region of the epiphysis continued. To strengthen this, a supporting capsule was applied. While at the baths several sequestra of cortical substance were eliminated. The same thing happened in the following year, during an increased inflammatory action. On the 29th of December, 1856, ten years later, he was received in the Hospital for the second time. The trouble consisted in an extensive necrosis of the thigh bone with partial loosening of the sequestra in the region of the lower epiphysis, and a considerable prominence in the popliteal space. Several fistulous openings were also formed. After a long preparatory treatment, an incision of about three inches in length was made from which a black sequestrum was extracted, which at its lower end, corresponded to the whole thickness of the femur, but only to the third of the same at its upper end. On the 24th of November, 1857, the patient was discharged with a leather splint surrounding the limb. The flexibility of the bone, which he had retained to this time, gradually lessened. In the summer of 1861, he presented himself for examination. His recovery was perfect.

Contributions to the Knowledge of Glaucoma, By T. H. A. Haffmans.

We have received the January number of the *American Journal of Ophthalmology*, in which there is a continuation of the elaborate article of De Graefe "On Diptheritic Conjunctivitis," also "The Anomalies of Mobility of the Human Eye," by the Editor. But the paper, which is of the most practical character, is entitled "Contributions to the Knowledge of Glaucoma," from which we extract a portion for the benefit of our readers.

The following extracts of the German transcript of this dissertation, which was written in Utrecht, Professor Donders' collaborating, by Dr. M. Schmidt, are intended to make the subject better known in this country.

The description of Glaucoma by Weller is worthy to be reproduced.

"The first symptom," he says "is a smokiness, a mist, periodically occurring, getting more and more dark and large. Soon the patient sees black spots and points appearing in the cloud before his eye. This symptom subsides with the decrease of vision. Slowly the pupil becomes less movable. Supraorbital pains begin, for some time augmenting. These pains may not set in, under favorable circumstances, for days or weeks; usually they become greatest in the evening, and remit in the morning. Photophobia comes on generally only to a moderate extent—hardness of the bulbus. The patient sees the colors of the rainbow around candles; the neuralgia becomes more and more intense, and he has a feeling of tension in the eyeball, as if it were about to burst. The sight decreases continually. The patient distinguishes large objects only. The pupil becomes motionless,

larger and larger, loses its black tinge, and has a dull and dim appearance. In the depth of the eye appears a dim, greenish-black or sea-green coloration, of a concave form. The vessels of the conjunctiva of the globe are distended, go to the margin of the cornea, leaving a dirty-bluish ring around it. The large, immovable pupil either remains round, or becomes irregular and oval. The supraorbital pains continuing, the power of vision is reduced to a mere perception of light. The pupillary edge of the iris folds itself outwards, so that a black ring, the uveal coat, appears. The color of the iris is lost, and soon its structure is hardly to be recognized. The eyeball has a dim, stiff and uncertain appearance. Finally, the lens becomes also obscurated; the green pupil changes its color to a greenish-white, and the surface of the obscuration seems convex, while before it seemed hollowed. The lens soon softens, swells, presses the iris forwards, and diminishes that way the anterior chamber."

"After the pathological changes in the ball have thus attained their climax, and the capsule become obscure, and the eyeball adapted a considerable hardness, it often shrinks and atrophies, the eyelids sink, and cover perfectly and forever the sunken organ."

This description, though by no means complete nor correct in every particular, alludes to the most important points; certainly Weller has not yet recognized the pathogenesis of the disease, as he lays not stress enough on the hardness of the globe. Mackenzie (1830) saw the great importance of the hardness with more precision. He was the first to speak of an augmentation of the fluids of the eyeball, consecutive resorption of the pigment of the choroid, and blindness by increased pressure on the retina. Stellwag von Carion (1855) also believed in the participation of the choroid in the glaucomatous process, but denied the latter to be simply choroiditis. Here and there a distinction is made between *chronic and acute glaucoma;* the disease is described as being sometimes strongly inflammatory, destroying vision in a few days, or even in one, sometimes more benign, a series of slight inflammatory attacks, but which finally lead to blindness. A description of "glaucoma simplex" without inflammatory symptoms is nowhere given.

Such was the state of knowledge before the invention of the ophthalmoscope. After this time, the second period of knowledge having begun, the first observation referring to the subject originated from Edward Jager (1854). He describes and represents among a number of plates, a case of "arthritic glaucomatous amaurosis." He believed to observe the optic nerve convex; the retinal vessels he saw partially discolored, partially radiating from the edge of the papilla, etc., etc. More precisely the aspect of the papilla of the optic nerve was soon afterwards described by De Graefe (1855). The latter added a second very important symptom, the pulsation of the branches of the central artery. Jager had stated the existence of the spontaneous pulse of the retinal arteries before that time, (1854,) but had neither seen that it had any relation to the disease, nor given any explanation of it. Graefe says, "that the most simple explanation of the arterial pulsation seemed to be, that in the great state of intraocular tension, the continual pressure exerted by the arteria centralis on its contents was not sufficient to force blood into the interior of the eye, but that during the *systolic augmentation* of the pressure of the blood, a wave of the latter was propelled through the sclerotical ring."

In regard to the appearance of the optic nerve, Graefe believed it to be a sign of convexity. Weber (1855) first studied the ways to judge the dimensions of depths with the ophthalmoscope, and Graefe, after this, found that the glaucomatous optic nerve was not convex, but excavated. So the most prominent ophthalmoscopic symptoms showed themselves at once as originating from the same source, viz., *the augmentation of intraocular pressure.* So the whole type of the disease received at once its cause and its explanation. To combat the fundamental symptom must be at the same time the basis of treatment and its triumph.

After this period, the researches of Graefe followed quickly each other. They are all deposited in the different volumes of the Archives, and we dispense here with their enumeration, particularly as we return to them in the third part. Graefe distingushed three categories of cases: 1st, Acute or inflammatory glaucoma, (choroiditis glaucomatosa, ophthalmia arthritica of authors); 2d, Chronic glaucoma; and 3d, Amaurosis with excavation of the optic nerve.

The acute form he considers a choroiditis, or iridochoroiditis, with excessive exudation in the vitreous body, consecutive augmentation of intraocular pressure, and the already mentioned secondary symptoms; the chronic form is also inflammatory, and the symptoms which finally all appear, have the same origin; amaurosis with excavation of the optic nerve Graefe cannot admit to have the same pathogenesis, though the functional changes bear some relation to those of chronic glaucoma and the two diseases occur sometimes in the two eyes of the same individual; he rather is inclined to explain the excavation by traction from the body of the optic nerve. So the excavation of the optic nerve seemed to lose its pathognomonic value for the determination of the existence of glaucomatous disease.

To devise therapeutic means to diminish intraocular pressure from that moment became De Graefe's aim.

The experiment of instillations of atropine failed. Repeated paracentesis only ameliorated the symptoms, a few cases excepted. The good effect of iridectomy or iritis and various forms of iriodo-choroiditis he already knew, but he never had noticed that intraocular pressure was diminished by that operation. This he only suspected after he executed it for ulceration and infiltration of the cornea and after having observed the disappearance of small staphylomas. In July, 1856, after several experiments on animals, he first executed the operation for glaucoma on the human subject; 1857 his classical paper appeared and he was already justified in hoping what the future has so brilliantly realized.

His results were the following:

(1.) Iridectomy has always a favorable effect, if performed in the prodromal stage.

(2.) Iridectomy performed during the acute period of inflammatory glaucoma, is the most reliable antiphlogistic.

The ophthalmoscope shows the following, after the operation:

a. The papilla is perfectly normal after a first attack.

b. There is no arterial pulse.

c. There are extravasations of blood in the retina, most of which occurred *after* the operation.

d. Often there are found ecchymotic patches of the choroid near the equator of the globe, which are independent of the operation, and soon subside.

The immediate amelioration of sight must be attributed to the evacuation of the obscurated aqueous humor. The real and permanent amelioration takes place in consequence of the removal of pressure from the retina. The greatest effect shows already two to three weeks after the operation. The injection and hardness of the globe subside earlier. The ciliary neuralgia is generally checked immediately. The sensitiveness of the cornea soon returns, while the iris rarely readopts its normal mobility and structure.

In all cases where the operation was performed within a fortnight of the production of inflammatory action, vision was perfectly restored, even when only a quantitative perception of light had existed.

(3.) Iridectomy in the latter periods gives very different results:

a. Sometimes after many weeks or months after

the first inflammation perfect restoration of vision, if the field of vision and the papilla were normal after the last attack.

b. If the field of vision has become defective, the prognosis is more unfavorable, particularly if the limitation is considerable, and the optic nerve strongly excavated. In *no* case without quantitative perception of light a trace of power of vision was ever restored.

c. The symptoms of augmented pressure, hardness of the globe, paralysis of the iris, insensibility of the cornea, and diminution of the anterior chamber, are *ceteris paribus* favorable as to the prognosis.

d. In all cases, iridectomy checks once forever the ciliary neuralgia and the inflammatory process in general.

(4.) In chronic glaucoma, iridectomy has a temporary effect, depending greatly on individual differences, as to degree and duration.

(5.) In amaurosis with excavation of the optic nerve, iridectomy has no influence on vision, but may perhaps retard the whole process.

At the end of his paper DEGRAEFE mentions the important question of the way how to perform the operation usefully. Most essential is the eccentricity of the wound, the removal of the iris to the edge, the size of the artificial pupil, and the careful depletion of the aqueous humor.

II. *The causes of the disease* are, as already stated, but very imperfectly known. Mostly weak and delicate persons are affected. 95 patients had 174 deseased eyes; 56 women 39 men. The age from 50 to 70 is most disposed. Myopic eyes are comparatively rarely subject to the disease; myopia was observed in 9 cases only, and in those mostly in a slight degree.

III. *Nature of Glaucoma.*—The basis of the type of glaucomatous disease is increased tension of the liquids of the globe. The cause of this increased tension is unknown.

The supposition "*that the cause of glaucoma is to be sought in an irritated condition of the secretory nerves of the eye,*" remains, therefore, hypothetical for the present; and we refrained therefore from entering more deeply into this part of the paper.

IV. *Symptoms.*—These have been enumerated sufficiently often to be considered as known by the readers, and, besides, there has hardly anything to be added to DE GRAEFE's description. To consider the appearances singly, we first have to speak of the *form of the cornea*, when the intraocular pressure is increased. HELMHOLTZ and GRAEFE thought, *a priori* for various reasons, that the cornea was flattened; but experiments of SCHELSKE and JUNGE have shown that their supposition cannot be considered as a rule.

The *augmentation of presbyopia* is an almost constant symptom, easy explainable by the progressive paralysis of the ciliary muscle. Whether changes in the form of the lens, or its refractive condition, or in that of the vitreous, take place, to account for the presence of *hypermetropia*, (existing in 75 per cent. of the affected eyes,) cannot be determined without further investigation.

The connection between *the existence of arterial pulsation and the impairment of vision* is undeniable. Prof. DONDERS and Dr. MOLL made the relative experiments upon themselves, and found that as soon as their eyes were put under such tension by the pressing finger, that the arterial pulse became visible by the ophthalmoscope, the obscuration of the field of vision took place immediately.

The occurrence of *a colored ring around candles*, observed by the patients, has also been attributed to the increase of tension. To be as brief as possible, we only state, without reproducing the nice development of theories in the original, that the author is inclined to look for the cause of this symptom in the altered condition of parts of the refracting media outside of their axis. The dilated condition of the pupil, and perhaps an increased diffraction through a change in the crystalline body, account for the frequent occurrence in glaucoma of a symptom which may be often observed in normal eyes, particularly when the pupil is somewhat dilated.

The *diminution of the field of vision* is a constant symptom in all forms of glaucoma. It is none of the first in glaucoma simplex. The form of the limitation, according to GRAEFE, is usually diagonal, viz.: the external upper part and the internal lower part of the field of vision become defective, or *vice versa*. Iridectomy has a most favorable influence.

The result of the observations of the author is, that the external hemisphere of the retina is always first disturbed in its functions, and that therefore the external part of the field of vision remains longest in a normal state.

V. *Iridectomy in Glaucoma.*—The treatment of the disease is entirely limited to this operation. As soon as glaucoma simplex becomes complicated with an inflammatory attack, the operation must no longer be delayed. All other means of treatment, external or internal, are of no avail whatever. Local depletions of blood even seem to augment the inflammatory action, according to Snellen.

All-important, therefore, is the operation of excision of the iris. The author agrees with GRAEFE as to the necessity of the before mentioned directions for its performance. More important still than the excision of a broad piece, is the excision of the iris *to the periphery*. If the ophthalmoscope does not show a broad brim of the zonula zinnii outwards of the equator of the lens, the excision has not reached far enough to the ciliary insertion. In order to cut out a large piece of the iris, reaching to the periphery, BOWMAN made formerly a little flap in the sclerotic with a cataract-knife, fully one-half millimeter from the margin of the cornea; the prolapsed iris was seized with a forceps, divided at one side of the wound, torn from its insertion until it reached the other side, and then cut off entirely. The method not being entirely free from danger, BOWMAN now uses the lance, and has quitted the cataract-knife, but still tears the iris from its insertion. The aqueous humor ought to be made to escape slowly always, as before mentioned. The adherence to this rule makes prolapsus of the iris comparatively rare, and it is easy, by following the usual mode of iridectomy, to remove a large piece, after a broad part of the membrane near the pupillary margin has been seized with the pincette.*

The author has observed in Utrecht, in the Eye Hospital as well as in his own and DONDERS' practice that the operation gives much better results in glaucoma with chronic ophthalmia, (DEGRAEFE's glaucoma chronicum,) and in glaucoma simplex, (DE GRAEFE'S amaurosis with excavation of the optic nerve,) than DE GRAEFE'S experience and publications led to suppose. He strongly recommends iridectomy as a means of cure in *glaucoma simplex*. If the eyeball is hard and the papilla excavated, the operation does much good. The experiment has shown that the operation has no influence on atrophy of the optic nerve from a cerebral cause, (DONDERS.)

* DE GRAEFE, in his latest contribution, (New Contributions to the Knowledge of Glaucoma and the Therapeutic Effect of Iridectomy, A. f. O., VIII,,) especially recommends the *firm fixation* of the globe, in the execution of the operation in question. The small space of the diminished anterior chamber requires the utmost care not to injure the lens, if it is intended, as it ought to be, to make the internal wound of the cornea as peripherical as possible, and fixation certainly facilitates this greatly. But also for the *slow evacuation* of the aqueous humor, fixation is almost indispensable. He further advises not to follow the rule of BOWMAN, to make the excision upwards; though optical and cosmetical reasons are certainly in favor of that rule, its execution is very difficult in many cases, and often the aqueous humor rushes out with such a violence, that effusions of blood in the anterior chamber and ecchymosis of the retina cannot be avoided and seriously change the expected effect of the excision.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 11, 1863.

The rebel invasion of this State, the threatened demonstration against Philadelphia, and the excitement consequent thereon, make it incumbent on us to ask the indulgence of our readers for any irregularities that the extraordinary circumstances in which we are placed, may cause.

The editor has felt it to be his duty to take up the musket for city defence, and, for awhile his time will be partly occupied with military duties. It is hoped that no emergency will arise that will require his whole time, but if there should, there are others who will no doubt lend their aid in the editorial management of the Reporter.

The same circumstances have so deranged all branches of business, that it will be difficult to get the full quota of work done, or to get it done with the promptness that is desirable. We shall do the best we can.

We must ask our subscribers to be indulgent, to send us communications, (for the excitement has nearly stopped these,) and to answer our calls upon them as promptly as possible.

ON GUARD!

Circumstances that surround us are naturally suggestive of thought. In how many military camps throughout the Union are there faithful soldiers on guard. They are guarding the honor and interests not only of their regiments, corps, or armies, but of the nation that they represent. Occasionally one proves faithless to his trust, and either deserts to the enemy, or sleeps on his post, giving a vigilant foe advantages that he is not slow to avail himself of, to the endangering of interests of great magnitude.

In like manner the literary works of our profession are sentries on guard, who have, in a greater or less degree the honor, interests, and efficiency of our noble science in their keeping. If they are in any way false to their trust, wander into devious paths, become the representatives and supporters of men and ideas rather than of principle, or in any manner exhibit a lack of vigilance in their important work, they betray the interests that it is their bounden duty to guard, and are guilty of practical treason to medical science.

We fear that some of our profession who wield the pen, either as authors of books or editors of serial publications, do not fully realize the weight of responsibility that rests on them. The author who presumes to issue a work on any branch of medical science in which he is not thoroughly posted, and which is not brought up to the level attained by that branch, not only disgraces himself, but dishonors, and in so far as his influence extends misleads and injures his profession. So, the journalist, who, like the craft without a rudder, is carried by the current or wafted by every fitful gust, or who exerts his influence in the support of some personal or selfish interest, or who becomes the representative of any man or party of men for pecuniary considerations, betrays trusts of vast importance to an honorable profession, and is totally unfit to guard its interests.

Every medical journal in the land should be absolutely independent of selfish interests of every kind, and devote themselves exclusively to the general interests of the profession of which they are in some degree the representatives. They should be fearless in the discharge of their duty. In pursuing such a course they will undoubtedly make enemies, and perhaps lose subscribers. But if their course is honest and upright, for every enemy they make or subscriber they lose, they will gain three friends whose friendship is worth the having, while those they lose will lose their influence among high-minded physicians, and settle down finally into deserved obscurity.

The immense circulation of the Reporter makes it vastly important that it should be a faithful sentinel. We feel the great responsibility that rests upon us, and desire to do our duty fearlessly and rightly. Our sentiments as expressed in our pages are open to just and kindly criticism, and such will always receive respectful attention. We are thankful to know that we have ample evidence of the decided support of the profession in our general course, and shall aim to advocate such principles only as shall challenge their approval.

STREET CLEANING.

One of the most important things in a sanitary point of view in a large city, is the prompt removal of filth and garbage from the streets. The municipal authorities expend immense sums of money to accomplish this purpose, but there are few cities where the work is faithfully done.

Philadelphia has had the name of being an exception to this rule, but of late years her streets have been sadly neglected, and many of them are now in a filthy condition, much to the detriment of the health of the inhabitants.

Our neighbor city, New York, is fortunate in the possession of a new broom in the shape of a City Inspector recently appointed, who is devoting his energies with some degree of success to the herculean task of making the pavements of that city visible to the unassisted eye.

We are desirous that the streets of New York should be kept clean—but being somewhat jealous of the reputation of Philadelphia, we cannot help feeling some chagrin at the prospect of her rating second to a city whose street-cleaning has been so notoriously badly managed.

There is a good deal in a new broom, and if there is no other way of getting our streets cleaned, we would suggest the propriety of providing one. The season is upon us when, if ever, it is important that our streets should be in the most perfect condition as regards cleanliness.

THE WOUNDED IN THE LATE BATTLES.

In the battles that lately took place in and near Gettysburg, in this State, a very large number of men were wounded. We have seen the number of wounded in the national army during the battles of the 1st, 2d, and 3d of July, estimated at twelve thousand, while a large proportion of the rebel wounded were also left in our hands. By a telegraphic dispatch from the Surgeon General's office we learn that the arrangements of the medical department are such that no volunteer surgical aid will be needed.

Those who are badly wounded will, of course, have to be retained in the vicinity of the battle-ground. Of those who can be removed, many are being brought to this city. Every Government hospital here will be filled to its utmost capacity. Large numbers are also being sent to Baltimore, and other cities.

It is in such circumstances as these that hospital cars, such as we have described on two or three occasions, ambulances, such as the fire companies of this city have patriotically provided for the transportation of the wounded from the cars to the hospitals, and which were described in the REPORTER, Vol. IX., p. 297, with other means of ameliorating the condition of the wounded, will be fully appreciated by the suffering soldiers.

From present appearances, there are battles yet to come off, which will add largely to the number of the wounded already brought from the battle-field. The responsibility that rests upon our surgeons is very great. We trust they will all prove themselves equal to them.

One word of caution. The temptation will be great to overcrowd the hospitals. We hope that no unworthy rivalry between cities and hospitals will cause so many patients to be crowded together as to endanger their lives from endemics that will be more fatal to them than the wounds or sickness that brought them to the hospitals.

Notes and Comments.

Heroic Conduct.

A correspondent states that while the battle was raging at Gettysburg, Dr. HUBER, of that place, *and his wife*, were both constant and unremitting in their attentions on the wounded, wholly regardless of their personal safety.

Wanted—Medical Supplies.

During the brief stay of the rebel army in the southern counties of this State, we learn that they were specially solicitous to obtain medical supplies, surgical instruments, etc. Physicians and druggists, it is said, were relieved of all their stock of medicines and instruments.

Infanticide.

From the returns presented to Parliament, it appears that during eighteen months, ending June, 1862, verdicts of "Wilful Murder," "Found Dead," in ditches, ponds, &c., were returned—in London 297 children, and in England and Wales 624, total 921 children under two years of age, all of whom were most probably murdered.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *Feb.* 9, 1863.

[Concluded from page 142.]

Red Nose.

Dr. Hedenus, of Dresden, recommends the following prescription in cases in which redness of the nose is owing to abdominal plethora: Acid carbonate of soda, ten grammes, dissolved in two hundred grammes of balm-water, to which add five grammes of the extract of orange-peel; three tablespoonfuls of this mixture to be taken per day, externally; he rubs the nose with a mixture of three grammes of laudanum and twenty centigrammes of extract of belladona, and then has the nose washed and rags, dipped in cold water, applied to it. After the above potion has been used for some time, he prescribes: Bicarbonate of soda, seven grammes; powdered rhubarb, five grammes; ipecacuanha, two and a half grammes; compound extract of colocynth, one gramme, and extract of great celandine quantum suff. M. Make into pills of ten centigrammes each; from eight to ten of them to be taken daily.

Specific for Jaundice.

Dr. Lafontaine, of Lelande-sur-Rhone, recommends a decoction of the leaves of the artichoke and root of dog-grass as a specific for the jaundice. At the rate of three breakfast-cups a day, this decoction is laxative. He adds that this prescription was given him ten years ago by an excellent practitioner, the late Dr. Villeroy, of Balleroy.

Gelatin Bandage.

Various methods have been devised in cases of fracture for keeping the injured parts immovable after the bones have been set. Plaster of Paris has been used with good effect, but, besides the inconvenience it has of depositing a white dust on the bed-linen, it is too stiff, and therefore less convenient than the more pliant starch bandages which, however, in their turn, present the equally serious drawback of being too long getting hard, as much, indeed, as thirty-six or forty-eight hours. Dr. Hamon, of Paris, now proposes a substance which has hitherto been overlooked, namely, gelatin, or, in other words, common glue. In order to apply it, Dr. Hamon dissolves it in alcohol, after it has been previously dissolved in water; it is then applied on the bandage with a brush, and in the course of an hour and a half or two hours it gets dry, with the aid of a little moderate warmth. An example will best show how the operation is effected. A child, five years old, fell out of her bed about two months ago, and fractured her shoulder bone. The doctor, on this occasion, first put a good deal of cotton between the fingers, as also in the palm of the hand, which was then firmly closed and bandaged all around, so as to maintain it so during the whole of the treatment. This bandage was coated over, by itself, with alcoholized gelatin; a quantity of cotton was then laid all round the elbow and a bandage put on up to the shoulder, but so as to enclose a wire, held in its proper position by an assistant, on the outer side of the arm; over this, again, another bandage was coiled, and then a good coating of gelatin laid on. The little patient was then placed in a chair by the fire, with her arm in a scarf, until the bandage had become stiff. On the following day the operator cut the bandage open with a sharp pair of scissors, following the direction of the wire which had been put there for that purpose, and was enabled to take off this solid as well as elastic shell without difficulty. Holes were then punched into it at regular intervals along the section on both sides, and the apparatus put on and laced tight, just like a buskin. It was regularly taken off again every second day to examine the injured part, and at the end of the eighth day the patient was encouraged to make some slight motion with great care. The apparatus was definitively taken off on the twenty-fifth day, having preserved all its stiffness, elasticity, and shape.

Test for Olive Oil.

It is a well known fact that the olive oil sold in America and elsewhere is very seldom pure, but is mostly adulterated with other cheap, vegetable oils. M. Hauchecorne, a chemist of Yvetot, has, however, just discovered an easy method of detecting such frauds. M. Hauchecorne's test is oxygenized oil, which may be had at any chemist's, and is a colorless liquid. The method of using it consists in pouring a portion of the oil to be tested into a graduated tube, by which the volume of the liquid is ascertained at a glance. To three volumes of olive oil one volume of oxygenized oil is added, and the whole well shaken. After a few seconds the mixture will become green, if the oil is pure olive. No other oil will do so. Poppy oil will assume a rose color with the test; oil of sesamum will turn bright red; oil of arachnis turns yellowish grey; and beechnut oil takes the color of ochre. These are the oils most commonly used to adulterate olive oil. When the latter is pure the green tint appears instantaneously, but if adulterated the liquid must stand three or four minutes before the color, whatever it may be, appears. Even the quality of the olive oil, when pure, may be tested in this way. Thus an apple-green color shows that the olives employed were too ripe. A light green denotes oil obtained from a mixture of olives of different qualities, but none of them spoilt. The olive oils of Nice, Port Maurice, and Genoa belong to the former sort; those of Aix and Grasse to the latter.

Incubative Stage of Hydrophobia.

M. Renault has published a communication on the time during which hydrophobia may be in a state of incubation. Your readers may recollect that in April last M. Renault proposed the permanent muzzling of all dogs not chained or kept within doors, and the immediate destruction of any dog suspected of having been bit by a mad one. He also showed that at

Berlin hydrophobia had become almost extinct by these measures. Struck with this fact, the police of Paris shortly afterward ordered the general muzzling of all dogs left at liberty, but the order was very negligently executed, inasmuch as many muzzles were of India rubber, and were insufficient to prevent dogs from biting; moreover, the measure soon fell into disuse, and unmuzzled dogs are now seen roaming freely in the streets. M. RENAULT shows that if, on the one hand, the police regulations require the owner of any dog who may happen to have been bit, or suspected of having been so, to keep him under strict observation for a time not exceeding forty days. In most instances the order is not complied with at all, and no step is taken by the authorities to ascertain whether it has been executed or not. But our author contends that even were the order executed to the letter, forty days is by far too short a period for complete security against the incubation of hydrophobia, and describes a series of experiments made by him since 1836, at the Veterinary School of Alfort, from which it appears that during twenty-four years he had examined one hundred and thirty-one dogs, which he had caused to be bit before his eyes by mad dogs, and then kept separate for the space of four months. Out of this number sixty-three presented no symptoms whatever, at the end of that time, and of the remaining sixty-eight, no less than thirty-one displayed symptoms of the disorder after the fortieth day, and that out of these, one was seized with hydrophobia after the one hundred and eighteenth day, three after the eightieth, seven after the seventieth, and eighteen after the sixtieth day. M. RENAULT hence concludes that dogs should be kept close for at least four months after they have been bit.

Lithotrity.

Dr. CIVIALE lately read a highly important paper at the Academy of Sciences, on the stone, showing that lithotrity should be had recourse to as soon as possible, and not put off until the stone has attained a large dimension.

Marriages of Consanguinity.

A paper was read from Dr. BALLEY, Military Physician to the French army, at Rome, containing some facts tending to confirm the injurious effects of marriages between relatives, effects, it appears, which may remain dormant until the second generation. One of the cases quoted was that of a Frenchman and a German, the former remarkable for his intellectual powers. Of his three sons, only one, the youngest, is in a normal state, the eldest being deformed, and the second, deaf and dumb. The fourth child, a daughter, is half an idiot. The father was born of cousins-germain. In another case of marriage between cousins, the mother had several stillborn children, and then others that were deformed and died soon. The only surviving one is rickety and otherwise affected with disease. In a third case, two children were born both weak and stupid.

Army and Navy News.

Assistant Surgeons.

The Secretary of War has made the following appointments of Assistant Surgeons of Volunteers: Dr. W. B. TRULL, Dr. JNO. H. SULLIVAN, Dr. J. K. BANDING.

Promotions.

Assistant Surgeons J. W. LAWTON, J. B. MORRISON, JOHN W. MINTZER, A. M. WILDER, PHILIP HARVEY, JAMES BELLANGE and JOHN L. TODD, have been promoted to Surgeons in the Volunteer Army.

Medical Department of the West.

The following we take from the St. Louis *Republican* of the 29th June. It may be regarded as a truthful exposition of the thorough organization of the Department, since its charge was entrusted to Col. R. C. WOOD, the Assistant Surgeon General of the United States Army:—

The Western Medical Department.

In equipping for the field the immense armies which the rebellion has called forth, one of the most serious obstacles which the Government has had to contend against is the difficulty of being prepared in all emergencies with surgical and medical appliances of all kinds for the wounded, together with the thousand and one necessaries which on such occasions are indispensable, and though easy to procure for a single individual, are very difficult to be had when those stricken down by the enemy's fire are counted by thousands. To furnish such, the Medical Department of the Army, with the co-operation of the Sanitary Commissions, have made strenuous efforts, yet in many instances after the battles which have been fought during the campaigns in Virginia, especially after that of Antietam, there was almost an entire lack of requisite medical aid and of those necessaries we have alluded to, entailing consequently much suffering on the unfortunate men who were wounded in those actions; this, too, occurring in the immediate vicinity of the great cities of the East. It is, however, gratifying to know that in the Western Departments, thanks to the profound foresight, professional skill, extensive experience, and unusual administrative ability of Colonel R. C. WOOD, the Assistant Surgeon-General of the United States Army, no action has been fought, since that officer assumed the duties of Chief of the Medical Department of the West, (and which for the information of our readers, we will mention comprises fourteen of the Northwestern and Southwestern States,) after which there was any want either of surgical aid, medical attendance, appliances, or comforts for the relief of those who had suffered in the engagement. At all times there has been found in the vicinity of the scene of anticipated action these important supplies, and this fact, so patent to all, and its truth so universally acknowledged, is the more remarkable when we consider the disadvantages which, from a variety of causes, the West has labored under; the difficulties of transportation through a country hostile to the forces occupying it, and the impossibility of obtaining extraneous professional aid, in districts but sparsely settled, and frequently disloyal.

Two Commanding Generals in the West, both at this time operating in the field, have accorded unbounded praise to the Medical Department of the West, not only for its unceasing efforts in being ever prepared for emergencies, but also for the ample care and accommodation it has always afforded the sick, as well as the wounded, of our armies.

The following extracts from a letter dated June 9th, 1863, addressed by JAMES E. YEATMAN, Esq., President of the Western Sanitary Commission, on

returning from a recent visit to the scene of operations, to the President of the Chamber of Commerce of St. Louis, attest the perfection, in every particular, of the arrangements made in the vicinity of Vicksburg f r the relief and comfort of the wounded soldiers:

"The arrangements of the Medical Department, under the direction of Surgeon M. Mills, U. S. A., Medical Director of the Army of Gen. Grant, were most excellent, and the transportation of the sick and wounded, under Dr. A. H. Hoff, Surgeon in charge of the hospital steamer D. A. January, were more perfect than they have ever been before.

"The wounded were so well provided for by the Medical Department that it was not necessary that our steamer should be used for hospital purposes."

Nor are the above statements the only evidence which can be brought in proof of the admirable administration of the Medical Department of the West, for it has been conceded, without exception, by Governors of States, officers, civilians, and others interested, that all supplies have been in great abundance; at all times on hand for emergencies in the rapid and peculiarly arduous campaigns of the war, and far beyond the wants of the army; that visitors to the scenes of action are always not only astonished at the comforts furnished, but leave quite satisfied that the soldiers are well cared for by the Goyernment for which they are fighting.

Further testimony than this could be readily added, were it necessary, but we think sufficient has been said to show that, in spite of the many advantages enjoyed by the Eastern Department, the Medical Department of the West will not suffer by being contrasted with it, either in its administration or the professional talent it displays.

News and Miscellany.

Pension Examining Surgeons.

Maine—Dr. Charles E. Swan, Calais; *New York*—Dr. W. H. Johnson, Johnstown; *Ohio*—Dr. Chas. T. Leonard, Ravenna.

Army Hospitals in Philadelphia.

The following is a report of the condition of the the Army Hospitals in and near this city, for the week ending July 4.

Chestnut Hill	2588
West Philadelphia	1595
Christian Street	177
South Street	145
Turner's Lane	126
Summit House	103
Sixty-fifth and Vine	102
Germantown	78
Filbert Street	62
Chester	51
Broad and Prime	50
Islington Lane	10
The whole number of soldiers in the various hospitals is	5087

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.*

Dr. S. P., California.—Yours received, with inclosure. Will be glad to receive communications from our California subscribers. Can you not extend our list?

Dr. J. E. S., N. Y.—We decline anything less than the full subscription price. Reporter and *Lancet* (republication), one year, $6 in advance.

MARRIED.

Blumenthal—Asch.—On Wednesday, July 1st, by the Rev. Isaac Leeser, assisted by the Rev. G. Pape, Mark Blumenthal, M.D., of New York, and Selina, third daughter of Joseph M. Asch, Esq., of this city.

DIED.

Dodge.—At Poughkeepsie, N. Y., 29th ultimo, Dr. Samuel Dodge, in the 44th year of his age.

Johnes.—In Morristown, N. J., on Saturday, July 4, Dr. John B. Johnes, in the 78th year of his age.

Thompson.—On the 1st instant, at Coatesville, Pa., Dr. J. W. Thompson, Assistant Surgeon 141st regiment P. V., in the 31st year of his age.

METEOROLOGY.

June	29,	30,	Jy. 1,	2,	3,	4,	5,
Wind	S. W.	S.	S.	S.	S.	S.	S. W.
Weather	Clear.	Clear.	Cloudy.	Clear.	Clear.	Cl'dy.	Cl'dy, Showery.
Depth Rain					1 7-10		
Thermometer							
Minimum	59°	62°	63°	68°	67°	66°	63°
At 8 A. M.	64	73	69	74	74	77	70
At 12 M.	74	81	73	80	83	82	70
At 3 P. M.	75	81	73	82	87	80	71
Mean	68	74.25	69 5	76	77.75	76.25	68.5
Barometer.							
At 12 M.	30.1	30.1	30.2	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 4.	New York. Week ending June 27.	Baltimore. Week ending July 6.	Boston. Week ending June 27.	Providence. Month of
Population in 1860	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	151	207	56	33	
Female	109	200	57	31	
Adults	111	187	37	28	
Under 15 years	137		74		
Under 2 years	95	144	52		
Total	260	407	113	64	
Deaths in 100,000	45.99	55.18	53.2	35.99	
American	194	249		45	
Foreign	48	158		16	
Negro	14	8	11		
Zymotic Diseases.					
Cholera, Asiatic	1				
Cholera Infantum	10	15	14		
Cholera Morbus	1	2		1	
Croup	4	11	2	2	
Diarrhœa	2	6		2	
Diphtheria	5	14	2	1	
Dysentery	3	5	5	1	
Erysipelas	2	3			
Fever, Intermittent					
Fever, Remittent					
Fever, Scarlet	5	20	6	2	
Fever, Typhoid	11	22	2	3	
Fever, Typhus	1				
Fever, Yellow					
Hooping-cough			2		
Influenza					
Measles		6	1		
Small Pox	5	4	5		
Syphilis					
Thrush					
Sporadic Diseases					
Albuminuria					
Apoplexy	1	8			
Consumption	34	60	13	10	
Convulsions	8	31	1	4	
Dropey	9	10	7	4	
Gun-shot Wounds	4				
Intemperance			1	3	
Marasmus	15	23		3	
Pleurisy			1		
Pneumonia		16		1	
Puerperal Fever	1				
Scrofula	1				
Violence and Acc'ts	10	39	4	2	